-	PAIENT	APPLICA So	FION FEE	DETERMINA om PTO-875	TION RECOR	of information	unless it o	isplays a valid O	MB control
	CLA		.ED – PART	1			·	10/67	9,883
FOR BASIC FEE		NUMBER FILED		(Calumn 2)	SMAL	L ENTITY	٥	R OT	HER THA VLL ENTII
(37 CFR 1.16(a	1))			NUMBER EXTRA	RATE	FEE		RATE	· FI
(37 CFR 1.16(c))		minius 20 =			1 25	<u> </u>	OF	3	S
(37 CFR 1.16(b	11 - 1	minus 3			$\frac{ x \le 2 }{ x \le 100 }$	-	O'E	-	
MULTIPLE DEF	PENDENT CLAIM	PRESENT .	(37 CFR 1.16	(d))	+s-180	+	OR		
* II the differen	ce in column 1 is			. OR	1,360				
			ED - PART I		TOTAL		OR	TOTAL	
3/1	(Column				•				
4 3 2	CLAIN REMAIN	15	(Column HIGHES	it	SMALL	ENTITY	OR	OTHE	R THAN ENTITY
2 200	AFTE AMENOM	R	PAID FO	SLY EXTRA	RATE	ADDI- TIONAL	7.	RATE	ADO
Car CFR 1.16()		Minu	26	= 2	x.25.	FEE	┦.		TIONA
₹	8	Minu:	16	= 2	x s 100		OR	x 5 <u>50</u> =	100
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+s 180=		OR	x s 20Q	400
	•				TOTAL ADD L FEE		. OR	+ 53(a)	
1	(Column 1		(Column :	2) (Column 3)	, ASSETEE [OR	ADO'L FEE	500
Total (37 CFR 1.16(c)) Independent (37 CFR 1.16(b))	REMAININ AFTER AMENDMEN	G	HIGHEST NUMBER PREVIOUSL PAID FOR	PRESENT Y EXTRA	RATE	ADDI- TIONAL		RATE	ADDÍ
Total (37 CFR 1.16(cl) Independent		. Minus	**	= .	x s 25 =	FEE	.		FEE
(37 CAR LIEGE!)		Minus	144	=	× s 100=		OR	x s <u>50</u> =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(J))					+5180=			x s 200_	
					TOTAL ADO'L FEE		_	+ 36Q	
·	(Column 1) CLAIMS	· ·	(Column 2)	(Column 3)			OR ,	ADD'L FEE.	
	REMAINING AFTER AMENOMEN	1 1	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL	Γ	RATE	ADDI-
Total (31 CFR 1.16(c)) Indépendent		Minus	**	=	× s 25 =	FEE	-	- No	TIONAL FEE
(37 CFR 1.16(6))		Minus	444	=	x s 1002			20°	
Total (37 OFR 1.16(c)) Independent (37 OFR 1.16(c)) FIRST PRESEN	TATION OF MULTI	+ \$180=	-		\$200g	:			
If the entry in a	column 1 is less (han the entry	in column 2	le "0" in column 3.	TOTAL ADD'I FEE		OR +	JAO. DTAL DO'L FEE	
" If the Highest	Number Previous Number Previous	sly Pald For (N THIS SPACE	le "0" in column 3. is less than 20, ent is less than 3, enter	er *20*.		^(·

The 'Highest Number Previously Paid For' (North SPACE is less than 3, enter '3'.

The 'Highest Number Previously Paid For' (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.